## PART B - FEE(S) TRANSMITTAL

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22850 7590 10/16/2008 Certificate of Mailing or Transmission

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(Depositor's name)			22850				
(Signature)			22030				
(Date)							
ET NO. CONFIRMATION NO.	ATTORNEY DOCKET NO.	FIRST NAMED INVENTOR	FILING DATE	APPLICATION NO.			
T 1073	275172US3PCT	Hirosato Amano	04/04/2006	10/542,089			

TITLE OF INVENTION: POWDER FILLING METHOD, POWDER FILLING DEVICE, AND POWDER FILLING NOZZLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/16/2009
EXAM	MINER	ART UNIT	CLASS-SUBCLASS	]		
NIESZ, JAS	ON KAROL	3751	141-059000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.50.)  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Pee Address" Indication form PTO/SB/122 or more recent) attached Use of a Customer Number is result.		or agents OR, alternati (2) the name of a single registered attorney or a	o 3 registered patent attorn vely, le firm (having as a memb agent) and the names of u	era 2 McClell	Spivak, and, Maier adt, P.C.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 (FR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

RICOH COMPANY, LTD. Tokvo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 📮 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee

A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Transmitted via EFS-Web

☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

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